DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL

MINUTES OF MEETING

Immunization Practices Advisory Committee February 10-11, 1988 Atlanta, Georgia

The Immunization Practices Advisory Committee (ACIP) met in Conference Room 207 at the Centers for Disease Control, Atlanta, Georgia, on February 10-11, 1988. Those in attendance are listed below:

COMMITTEE MEMBERS PRESENT

Dr. Samuel L. Katz, Chairman

Dr. Stanley E. Broadnax

Mrs. Betty F. Bumpers

Dr. James D. Cherry

Dr. Jeffrey P. Davis

Dr. David S. Fedson

Dr. Caroline Hall

Dr. Jeffrey P. Koplan

Dr. F. Marc LaForce

Dr. H. Denman Scott

Ex Officio Members

Dr. John R. LaMontagne (NIH)

Dr. Gerald Quinnan (FDA)

Liaison Representatives

Dr. J. Michael Dixon (NACI)

Dr. William Schaffner II (ACP)

Dr. Edward A. Mortimer, Jr. (AMA)

Dr. Michael R. Peterson (DoD)

Dr. Stanley A. Plotkin (AAP)

Dr. Ronald C. Van Buren (AAFP)

Executive Secretary

Dr. Jeffrey P. Koplan

Invited Consultant

Dr. James Hauth

Dr. Patrick Olin

HHS STAFF PRESENT

Office of Assistant Secretary of Health

Dr. Yuth Nimix

CENTERS FOR DISEASE CONTROL

Office of the Director

Dr. Mary Guinan

Mr. Kevin Malone

Ms. Verla Neslund

HHS STAFF PRESENT (continued)

CENTERS FOR DISEASE CONTROL

Center for Infectious Diseases

Ms. Nancy Arden

Dr. Bruce Gellin

Dr. M.W. Harmon

Dr. Kenneth Herrmann

Dr. Noreen Hynes

Dr. Mark Kane

Dr. Alan Kendal

Dr. Suzanne Gaventa

Dr. William Martone

Dr. Thomas P. Monath

Dr. Benjamin Schwartz

Dr. Tom Torok

Center for Prevention Services

Dr. Roger Bernier

Dr. Steven Cochi

Ms. Debra Combs

Ms. Rosamond Dewart

Dr. Alan Hinman

Mr. Phil Horne

Dr. Richard O'Brier

Dr. Ida Onorato

Dr. Walter Orenstein

Dr. Peter Patriarca

Dr. Stephen Preblud

Dr. Myron G. Schultz

Dr. Diane Simpson

Dr. Dixie Snider

Mr. Robert Snyder

Dr. Steven Wassilak

Dr. Walter Williams

Epidemiology Program Office

Dr. John Horan

International Health Program Office

Dr. Michael Deming

Others Present

Ms. Leslie Chapman

Dr. Pinya Cohen

Dr. Corry Dekker

CDR Mark Dembert, MC, USN

Dr. H. Bruce Dull

Dr. Jill Hackell

Dr. Carole Heilman

Mr. Peter Jaret

Dr. Victor Jegede

Dr. Sanford Kaufman

Dr. Douglas Kelsey

Dr. David L. Klein

Dr. Saul Krugman

Dr. Ellen McGuire

Dr. Cynthia Rawn

Dr. Karlyn Shedlowski

Dr. Franklin H. Top, Jr.

Mr. Ted Vigodsky

Dr. Ralph Vosdingh

The meeting was opened at 8:30 a.m. on February 10 by Dr. Samuel L. Katz, Chairperson. Dr. Katz introduced Dr. Caroline Hall, Professor of Pediatrics and Medicine, Rochester, New York, and Dr. Stanley E. Broadnax, Commissioner of Health, Cincinnati, Ohio, new ACIP members; and Dr. Ronald C. Van Buren, new AAFP liaison representative. Dr. Elaine Esber was represented by Dr. Gerald Quinnan, FDA.

Adult Immunization and Influenza

Mr. Robert Snyder, Division of Immunization (IM), Center for Prevention Services, (CPS), CDC, gave a brief summary of the January 20, 1988, meeting of the National Coalition for Adult Immunization. This meeting was jointly sponsored by the Centers for Disease Control, the American Public Health Association and the National Foundation for Infectious Diseases. The meeting brought together groups and organizations which had a common interest in adult immunization. A follow-up meeting for the adoption of bylaws and other organizational items will take place in April 1988 and there will be further broader discussions in May or June of 1988.

Dr. Maurice W. Harmon summarized the antigenic variants of influenza virus that circulated in the U.S. during the 1986-87 season and described new antigenic variants identified at the WHO Collaborating Center for Influenza (CDC) from foreign sources. Data available from the current seasor indicated spread of type A (H3N2) and B variants to the U.S. and the emergence of new antigenic variants. Serological data using the 1986-87 influenza vaccine against current antigenic variants indicated that the type A (H3N2) and B components of the vaccine would need to be updated.

Ms. Nancy Arden summarized influenza surveillance data for the United States. Isolates of influenza A(H3N2) were reported during November and December, with only a few states reporting regional influenza-like illness, and only one documented institutional outbreak, which occurred in a day care center. During January and early February, the number of states reporting regional influenza-like illness increased, as well as reports of outbreaks of influenza A(H3N2) in nursing homes. Several nursing home outbreaks are currently under investigation. Preliminary findings of two investigations suggest that attack rates were similar in vaccinated and unvaccinated residents but that there may also be a trend showing fewer hospitalizations and deaths among vaccinated residents. Amantadine has often been administered to most or all residents of a nursing home following recognition of the outbreak, with a rapid decline in the number of new cases. Reports from nursing homes using amantadine at a daily dose of 100 mg have indicated that few serious side effects have occurred among the residents, although in two nursing homes the incidence and severity of side effects increased after 2-3 weeks of amantadine administration.

Dr. Alan Kendal and Ms. Arden discussed draft Recommendation for Prevention and Control of Influenza for the 1988-89 season. Proposed changes in the Recommendation would be discussed in more detail the following day.

Meningococcal Vaccine

Dr. Benjamin Schwartz, Division of Bacterial Diseases (DBD), Center for Infectious Diseases (CID), gave an overview of issues related to the distribution and availability of the vaccine. The quadrivalent vaccine (Connaught) is the only one licensed in the United States. At times, there has been a shortage of the vaccine. The availability of single-dose vials as an alternate to 10-dose vials is desirable, due to the short shelf-life after reconstitution. Dr. Schwartz also reported the results of a chemoprophylaxis study, conducted during an outbreak of Group A meningococcal disease in Saudi Arabia, which compared the efficacy of ceftriaxone and rifampin. The study showed ceftriaxone to be significantly more effective than rifampin in eradicating pharyngeal carriage.

Hepatitis B - Update

Dr. Mark Kane, DVD, reintroduced "Prevention of Perinatal HBV Transmission", from the October meeting and discussed why routine prenatal screening for HBsAg of all pregnant women should be undertaken. Dr. Kane introduced Dr. John Hauth, representing the American College of Obstetrics and Gynecology (ACOG), who described some practical concerns on implementing such a strategy. Dr. Kane expressed concern that the current ACIP recommendations, even if implemented, could not provide adequate control of perinatal transmission in the U.S. He also reported problems with the current "high risk" screening policy. These concerns include data about (1) the sensitivity, specificity, and practicality of the current ACIP guidelines for identifying HB carrier mothers; (2) lack of knowledge among prenatal health care providers of the risks of perinatal transmission of hepatitis B and recommended screening and treatment procedures; (3) poor coordination among medical care providers of treatment and followup of mothers and infants who are found to need treatment; and (4) refusal of some public and private third party payers to reimburse for hepatitis B screening and treatment.

A number of investigators expressed concern that many health care providers are not obtaining sexual and drug histories necessary to identify high risk patients. Recent studies in several large inner city hospitals, where all pregnant women were tested for HBsAg, have found that only about 35%-65% of HBsAg-positive mothers would have been identified by following the ACIP guidelines. Recent studies also indicate that the costs and benefits of universal testing of mothers are comparable to those encountered in other widely implemented programs of prenatal screening and of blood doncr screening. The cost of an HBsAg test ranges from an estimated \$3.50 per test in blood bank laboratories to \$21.00 per test charged by private commercial laboratories. The ACIP voted to approve universal screening of pregnant women. Dr. Koplan asked that revisions of the prenatal screening statement be submitted to him by March 1, 1988.

Yellow Fever Vaccine

Dr. Thomas P. Monath, Director, Division of Vector-Borne Viral Diseases, CID, discussed changes in the previous recommendations on yellow fever vaccine. These changes have been made to clarify (1) the risks of acquiring yellow fever associated with travel to endemic areas; (2) the precautions necessary for immunization of special groups (immunosuppressed individuals, infants, pregnant women); and (3) simultaneous administration of cholera vaccine. Additional comments should be returned to Dr. Koplan by March 1, 1988.

Acellular Pertussis Vaccine - Update

Dr. Roger Bernier, IM, gave a summary of an acellular vaccine workshop held in Bethesda to discuss the field trial in Sweden of 2 acellular pertussis vaccines. Dr. Patrick Olin presented the actual results from the pertussis vaccine trial.

Influenza Vaccine

Dr. Kendal and Ms. Arden continued the discussion of the draft recommendation on influenza vaccine. The major changes were statements increasing emphasis on the need for vaccinating health care providers, considerations for prevention and control of influenza in persons with HIV infection, and information about the antiviral drug rimantadine. Although rimantadine has not yet been approved for marketing, it is possible that it will be approved before the 1988-89 influenza season. If rimantadine is not approved for marketing by the time the 1988-89 recommendation goes to press, the section covering antivirals will be revised. The draft recommendation was discussed among the committee members, and several changes were suggested.

Other ACIP Business

The next meeting was scheduled for May 17-18, 1988.

With the thanks of the Chairman, the meeting was adjourned at 11:55 a.m.

I hereby certify that, to the best of my knowledge, the foregoing summary of minutes is accurate and complete.

Samuel L. Katz, M.D., Ghairman Date